**MFT-1A** (02-00, R-6)

Application Required by NJ Motor Fuel Tax Law

## STATE OF NEW JERSEY DIVISION OF TAXATION MOTOR FUEL TAX PO BOX 189

Trenton, New Jersey 08695-0189

## APPLICATION FOR SELLER - USER'S LICENSE

Complete this application to request a Seller-User's License which is needed whenever "special fuels" (diesel, kerosene, LP gas, #2 fuel oil, home heating oil, etc.) are purchased or sold within the State of New Jersey. This license is for a period of three (3) years. A payment of the fee of \$150.00 must accompany this application. There is no fee to holders of New Jersey Motor Fuel Retail Dealer, Wholesale Dealer or Distributor Licenses. In general, every Seller-User's license is subject to the filing of a bond in such form and amount as provided by law. Make check or money order payable to: STATE OF NEW JERSEY-MET

U	STATE OF NEW JERSET-WIFT.								
1.	OR Soc. Sec. # of Owner								
2.	Name(IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s))								
3.	rade Name								
	usiness Location:  5. Mailing Name and Address - (if different from business address)								
•	treet								
	State Street								
	ip Code CityState								
	(Give 9-digit Zip)								
4a.	Business Location:								
4b.	ed please provide name and address of owner: (Give 9-digit Zip)								
	Name								
	Address								
6.	Beginning Date for this business in New Jersey//								
	Month Day Year Type of Ownership (check one):								
•	□ NJ Corporation □ Sole Proprietor □ Partnership □ Out-of-State Corporation □ Limited Partnership								
	☐ Other - explain								
8.	. Telephone Numbers: Contact Person Title								
	Daytime: ( )Ext Evening: ( )Ext								
9.	F A CORPORATION, complete the following:								
	Oate of Incorp// State of Incorp								
10. Provide the following information for ALL owners, partners or responsible corporate officers. (If more space is needed, attach rider).									
	NAME SOCIAL SECURITY NUMBER HOME ADDRESS	%							
		/NED							
	NOTE: On a consente cheet of none provide the name of steel holders arrive 400/ as well of the outstanding above 4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1								
	IOTE: On a separate sheet of paper provide the name of stockholders owing 10% or more of the outstanding shares of stock in the corporation	1.							
11.	ist parent company, wholly owned subsidiaries, and/or any affiliates								
12	Vivo name title, and talanhana number of names abarraed with the duty of filing mater fuels toy reports and location where reports are prepar								
12.	ve name, title, and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and cords kept								
	,								
13.	Sive name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by lette	er from							
agent)									

14.	Describe in detail applicant's planned business activity and need for this license.									
15.	List <u>all</u> suppliers of special fuels.  a. Name of supply source, street address, city, state, fuel type and FID # (REQUIRED)									
					FID #					
					FID #					
					FID #					
	b.	Names of contract or common carriers wh	o deliver fuel by tank truck	or tankcar:						
16.	Does	Does applicant hold any other New Jersey Motor Fuel License? If yes, explain:								
17.	Has applicant ever had a New Jersey Motor Fuel License denied, suspended, canceled or revoked? If yes, explain:									
18.		the location of applicant's storage tank(s) is ed or leased, and whether the pumps are r		of facility*, storage capacity	y, whether the proper	ty on which the	facility rests is			
		E NAME ET ADDRESS CITY COUNTY	STATE KIND OF STORAGE FACILITIES*	TOTAL FUEL STORAGE CAPACITY (Gallons)	PROPERTIES OWNED (0) OR LEASED (I)	FUELS DELIV Metered Pumps	ERED (THRU) Unmetered Pumps			
a.										
b.										
a.										
b.										
	*ove	rhead or underground tanks, skid tanks, tro	ucks or drums. Trucks are	considered storage for ho	me heating oil.					
19.	a. <i>i</i>	a. Average monthly taxable fuels sales during the preceding twelve months:				gallons.				
	b. Average monthly taxable fuels use during the preceding twelve months: gallons.  (If applicant is unable to give required information, estimate projected business and write "EST" behind figure)									
20.	ls ap	oplicant registered with the Division of Taxa	ation for any other New Jer	sey State taxes?	🗆 YE	S 🗆 NO				
	The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.									
		Name of Applicant		Sig	nature of Owner, Partner	or Officer				
		nformation must be provided before this ap urn completed application and \$150 fee to: STATE OF NEW JERSEY			renton, NJ 08695-018	Date				
	There is no fee to holders of New Jersey Motor Fuel Retail Dealer, Wholesale Dealer or Distributor Licenses.									
			ubmitted will assist this offi							
		The Division of Taxation re	eserves the right to conduc	ı a ırıorougri irivestigation j	unor to issuing this lic	erise.				
FOR DIVISION USE ONLY										
	License No			Investigation initiat	Investigation initiated					
		ctive Date		Investigation comp	leted					
		roved								
	Rec	ommendations:								